INDIVIDUAL COMPETENCY TASKING LIST

Nephrology/Dialysis, Walter Reed Army Medical Center, Washington, D.C. 20307-5001

Person's Name: Rank/Grad	Rank/Grade:			
Assigned Work Area: Nephrology Service Nephrology/Dialysis Lab				
Specialty Area: Activated Clotting Time Quality Con	ntrol Clot	Sensi	tivity/Calik	oration
Indicate (by checking either "YES" or "NO" in the column above is required to demonstrate competency on the tasking I has been successfully achieved, enter the date and the in entering the result.	ist below.	When the	he competer	ncy tes
Competency Tasking List	YES	NO	Date Completed	Auth Init.
Check that power is on				
Depress start button twice to start timer				
Insert an empty Hemochron test tube into test well				
Rotate tube twice counterclockwise to verify light illumination				
Wait 20 seconds				
Rotate slowly the entire instrument counterclockwise onto its left side until instrument reaches 90degrees from normal horizontal position				
Listen for audible beep/note flashing time on display screen				
Accept/reject results				
Record results in QC log book				
List approved by:	Date:	·		1